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# Clinician Attitudes Concerning Ethical Practice in Nutrition Care: A.S.P.E.N Member Perspective (abstract)

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## **Abstract Accepted for Oral Presentation CNW 2015**

### **Clinician Attitudes Concerning Ethical Practice in Nutrition Care: A.S.P.E.N Member Perspective<sup>13</sup>**

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#### **Background:**

As healthcare technologies advance, questions about clinician attitudes concerning ethical practice with nutrition therapies arise. The controversy to initiate or continue nutrition support in some patients remains. Withholding nutrition support is appropriate, if the risks/burdens outweigh the benefits as perceived by the informed patient, family, caregiver, or surrogate decision maker. The International Clinical Ethics Section (I.C. Ethics) of A.S.P.E.N. developed a survey to identify current practice and attitudes of A.S.P.E.N. members and assess education needs. We hypothesize that there may be a difference between disciplines in how to improve clinical ethics application in nutrition care.

#### **Methods:**

A literature review of the past five years identified suggested actions by hospitals and clinicians to optimize clinical ethics in nutrition care. Survey questions were assembled with input from 20 I.C. Ethics' members, representing international clinicians from medicine, dietetics, pharmacy, and nursing with different levels of experience. A.S.P.E.N. office entered the survey into SurveyMonkey software. The online survey was announced through a weekly newsletter with a 3-week return period. SPSS software was used to run statistical analysis. Chi-square test and Fischer's exact test were applied to analyze differences among disciplines and additional collected data on ranking of clinician and healthcare institution action statements;  $p < 0.05$  was considered significant.

#### **Results:**

Of the 167 respondents, 154 completed the survey. Completed surveys were analyzed; 88% practice in the USA, and 12% outside the USA in 10 different countries. Figure 1 depicts ranked healthcare institution action statements. No statistical difference was found among disciplines, years of experience, or country. However, there was a significant difference between those practicing with only adults compared to pediatrics and neonatal ( $p = 0.002$ ). Figure 2 shows ranked clinician action statements. There was no statistical significance among disciplines and years of experience. Statistical significance was seen between those who were part of an ethics committees and those who are not ( $p = 0.037$ ). There was a significant difference between clinicians practicing in the USA, and clinicians outside the USA ( $p = 0.034$ ). The majority of respondents (62%) indicated they will read more on this topic, as a result of completing this survey.

**Conclusion:**

There is no statistically significant difference between disciplines in how to improve clinical ethics application in nutrition care. However the survey results suggest the importance of the following action statements: 1) prevent ethical dilemmas with early communication with patient/family and incorporate evidence-based medicine on benefits versus risk/burdens of nutrition support; 2) healthcare institution establishment of a process to obtain advance directives and/or begin early discussion on healthcare wishes and consistent healthcare team approach; 3) engage with our patients/families to understand what matters most to them at the end of life; 4) use of measurable goals of increased advance directives on chart and increase in number of patients with decision makers to indicate improvement; 5) articles in Nutrition in Clinical Practice and Journal of Parenteral and Enteral Nutrition, or other nutrition related journals most helpful to engage and educate nutrition support clinicians in clinical ethics. Further research is needed to strengthen the literature available on this topic.